EVIDENCE OF BEST PRACTICE IN CLINICAL PRACTICE

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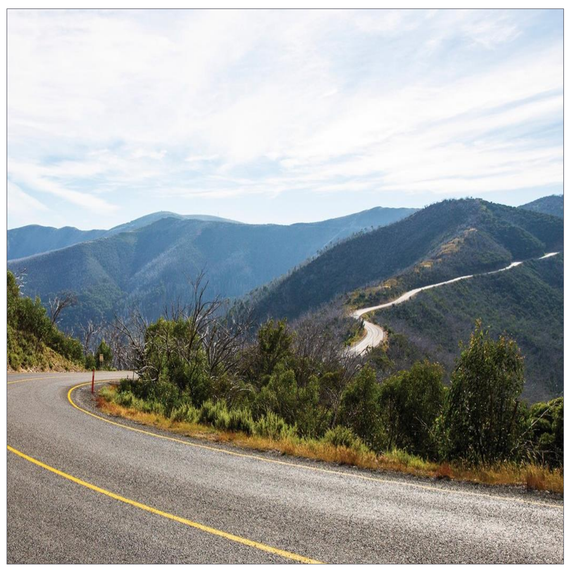
BACKGROUND

The Regional Wound Management role in Gippsland supports 14 District Nursing Services and 6 Bush Nursing Centres that provide home care CHSP and HACC PYP services. The Gippsland regions consists of 42,000 square kilometers incorporating the Great Diving Range and The High country in Eastern Victoria. Wound care consists of between 39% and 58% of all care provided by these services.



AIMS

To collect a wound management minimum data set (MDS) across Gippsland District Nursing Services that would:

- Provide evidence of clinical practice that more closely aligns with current best practice and
- Demonstrate measureable improvements in clinical outcomes for regional clients.

METHOD

Quarterly data was collected from 11 District Nursing sites as a point in time prevalence in the first week of each financial quarter in the 4 years from 2018/2020 to 2021/2022. Regional education was provided to support the extension of current clinical practice and a move toward best practice initiatives. The data included the clinical audit of 4960 wounds. Epidemiological data was collected on the types of wounds seen by services and the average length of stay for each wound type. Clinical wound management data was also collected which included the numbers of wounds with evidence of bioburden, and the management options clients received. The types of clinical interventions to determine complex wound assessment such as wound measurement, lower vascular assessments or interventions, compression therapy and ankle and calf measurements as well as the number of clients taking antibiotic for treatment of wound infection were also collected.

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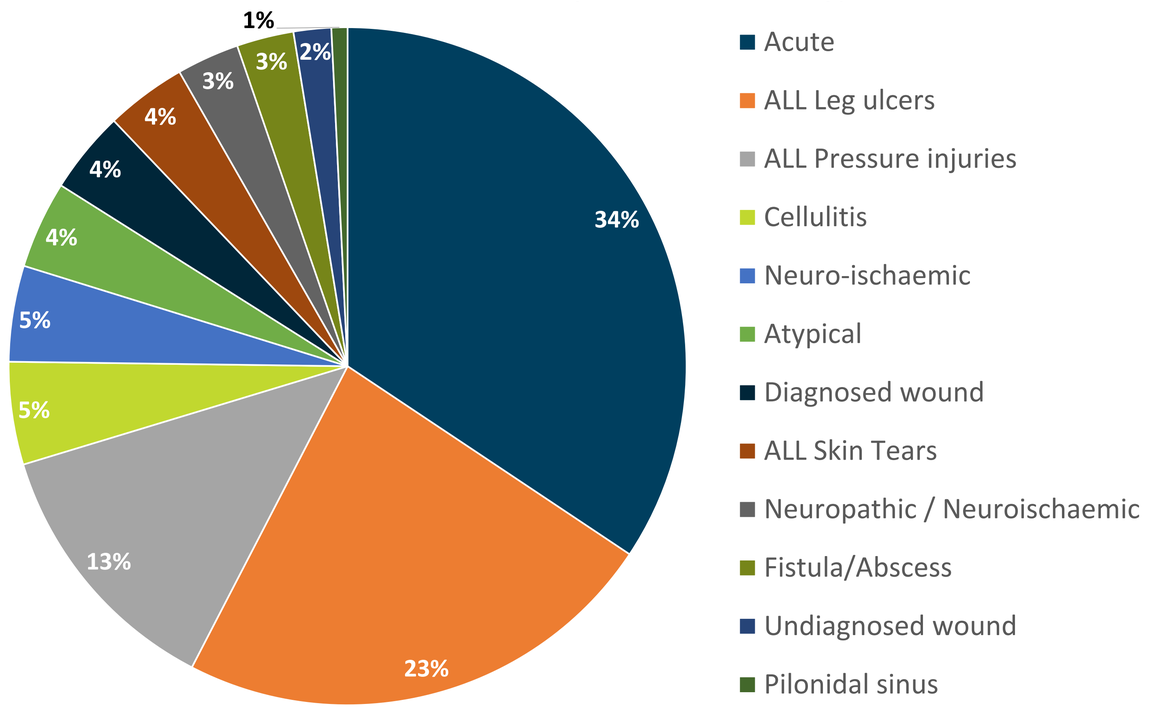
DATA COLLECTED

- Wound types
- Length of Stay
- Wound monitoring
  - Wound measurement
  - Wound Tracing
  - Wound Photography
- Lower limb vascular assessments and investigations
  - Clinical assessment - Lower limb chart
  - Venous / Arterial ultrasounds
  - ABPI or TBPI
  - Ankle an calf measurements
  - Compression
- Evidence of bioburden based wound management
  - Mode of debridement
  - Antimicrobial product use

RESULTS

WOUND TYPES

There were 4962 wounds reviewed over the 4 year period. 78% of wounds in these services were either Acute wounds, Leg Ulcers, Pressure injuries or neuropathic or Neuropathic/Ischaemic wounds. Wound management training and education was directed towards the most prevalent wound types.



LENGTH OF STAY (Average)

The length of stay (measured as the period of service for that wound) decreased for the following wound types.

Pressure injury –Unstageable	33 days
Arterial Leg ulcers	27 days
Stage 3 pressure injury	26 days
Skin Tear – Type 1	11 days
Undiagnosed leg ulcer	26 days
Cellulitis	9 days
Undiagnosed wound	8 days

WOUND MONITORING

Monitoring of wounds improved regionally and there were significant improvements in investigations / assessments performed on persons with lower limb wounds. This assists wound aetiology and determines treatment protocols.

- Linear measurement increased from 46% – 54%,
- Wound tracing from 13% to 15%
- Wound photography from 24% to 37%.
- Lower limb investigation and assessments from 65% to 83%.

BIOBURDEN BASED WOUND MANAGEMENT (BBWM)

When was evidence of bioburden was recorded, the rate of antimicrobial use increased from 82% to 91% regionally which indicates better identification of evidence of bioburden/biofilm. Simultaneously there was an increase in sharp debridement from 14% to 17% and mechanical debridement from 38% to 49%.

CONCLUSIONS

Incorporation of data collection into everyday nursing practice can provide meaningful clinical feedback to services and their staff. Monitoring and feeding back the data has seen not only significant improvement/advancements in clinical wound management but the clinical outcomes for clients improve.

ACKNOWLEDGEMENT

I am always grateful for my role and for the staff within the services who collect the data and attend the regional training. They are my colleagues and my friends.